

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

REC'D

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

2012 JAN 30 PM 4: 32

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Grant F. Langley

BD OF

ELECT COMMISSIONERS
CITY OF MILWAUKEE

Street Address

P.O. Box 444

OFFICE USE ONLY

City, State and Zip Code

Menomonee Falls, Wisconsin 53052-0444

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing **2012** ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals	\$ 0.00	\$ 75.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00	\$	\$
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 75.00	\$	\$

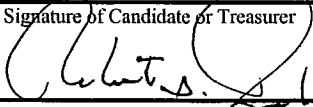
2. DISBURSEMENTS

2A. Gross Expenditures	\$ 4,079.20	\$ 4,079.20	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 4,079.20	\$ 4,079.20	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 7,993.16	\$
Total Receipts	\$ 0.00	\$
Subtotal	\$ 7,993.16	\$
Total Disbursements	\$ 4,079.20	\$
CASH BALANCE END OF REPORT	\$ 3,913.96	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00	\$
LOANS (Balance at the Close of This Period-3B)	\$ 13,000.00	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer Robert G. Pyzyk, Treasurer	Signature of Candidate or Treasurer 	Date: 1/30/2012 Daytime Phone: 262-251-5330
---	--	--

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

EB-2 Rev 06/07

Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

SCHEDULE 1-A**RECEIPTS****Contributions (Including Loans) From Individuals**

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

SCHEDULE 1-B**RECEIPTS**
Contributions from Committees
(Transfers-In)

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$		

SCHEDULE 1-C**RECEIPTS**
Other Income and Commercial Loans

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
SUBTOTAL OTHER INCOME THIS PAGE			\$	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$	

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
12/ 7 / 11	Weber Printing Company 3048 N. 34th Street Milwaukee, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	Printing for nomination papers	\$79.20	
10/ 10 / 11	Grant F. Langley 12208 W. Douglas Avenue Milwaukee, WI 53225 Check if: <input type="checkbox"/> In-Kind Offset	Partial payment of loan	\$4,000.00	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 4,079.20	
TOTAL ITEMIZED EXPENDITURES			\$ 4,079.20	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 4,079.20	

SCHEDULE 2-B**DISBURSEMENTS**
Contributions To Committees
(Transfers-Out)

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 0.00		

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE		\$				
TOTAL ITEMIZED OBLIGATIONS		\$				
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS		\$				
TOTAL INCURRED OBLIGATIONS		\$ 0.00				

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name

Friends of Grant F. Langley

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
7 / 1 / 09	Grant F. Langley 12208 W. Douglas Avenue Milwaukee, WI 53225	\$17,000.00	\$0.00	\$4,000.00	\$13,000.00

List All Endorsers or Guarantors (if any)

None

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding	
	\$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding	
	\$	

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding	
	\$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding	
	\$	

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding	
	\$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding	
	\$	

 SUBTOTAL OUTSTANDING LOANS THIS PAGE **\$ 13,000.00**

 TOTAL OUTSTANDING LOANS **\$ 13,000.00**

ADDITIONAL DISCLOSURE **In-Kind Estimates**

Page ____ of ____

Complete Committee Name

SCHEDULE 3-C

Estimated Value of In-Kind Contributions Received From Individuals and Committees

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

SCHEDULE 3-D

Estimated Value of In-Kind Contributions Given To Candidates or Committees

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

SCHEDULE 3-E

ADDITIONAL DISCLOSURE

Contributions Returned to Contributor

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date of Original Contribution	Name and Address of Contributor	Amount Returned
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

SCHEDULE 3-F

ADDITIONAL DISCLOSURE

Contributions Donated to Charity or Common School Fund

Instructions for completing schedules are on the back of each schedule.

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer_____
Date